

2387

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 110
Co. Registrar's No. 254
Local Registrar's No. _____

FULL NAME OF CHILD Fern Thames
If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES Alive NO

Sex of Child Female Twins Triplet or other } and { Number in order of birth 1 Legitimate? yes Date of Birth June - 21 - 1922
Month Day Yr.

FATHER
Full Name Gordon Thames
Residence Miami Ariz
Color or Race white Age at last Birthday 20 Years
American
Birthplace Texas
Occupation Smelter man

MOTHER
Full Maiden Name Mary Mathews
Residence Miami Ariz
Color or Race white Age at last Birthday 17 Years
American
Birthplace Ariz
Occupation Housewife

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 6/21/ 1922 at 8P M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature T. H. Slaughter
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami Ariz

632-621-442
COUNTY REGISTRAR.

Filed June 25 1922

Filed 7-5 1922

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.